

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000012633			
1. Entity Name NORTH PACIFIC TRADING, INC.			
Principal Place of Business 8284 N.W. 66TH STREET MIAMI, FL 33166		Mailing Address 8284 N.W. 66TH STREET MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE			
		04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0472437	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AGUIRRE, ALFREDO 8284 N.W. 66TH STREET MIAMI, FL 33166			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		U00000547720 05/12/06-80036-024 150.00 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AGUIRRE, ALFREDO 8284 N.W. 66TH STREET MIAMI, FL 33166		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Alfredo Aguirre</u> <u>Alfredo Aguirre</u> 05/28/06 (305) 591-3810 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			